LAUNCH OF THE EAPoC VL STUDY

Work Package 3: Psychosocial aspects of POC testing

WP3 Leads: Stefan Jansen (lead), Anna Mia Ekström (co-lead), Frank Angira, Yunia Mayanja, Marion Sumari-de Boer/Blandina Theophil Mmbaga (country leads)

Wednesday 14th April 2021

EAPOC- VL is part of the EDCTP2 programme supported by European Union under grant agreement *RIA2019IR-2873*

Deliverable Number	Deliverable Name	Lead Participant Organisation	Type of deliverable*	Dissemination Level**	Month of project when deliverable will be achieved
3.1	Report on Motivational factors barriers - quantitative and qualitative research findings	UR & KI, KEMRI, KCRI, KI, UVRI, AIGHD	R	CO	15
3.2	Psychometrically validated survey tools on motivational factors and barriers	KI & UR, KEMRI, KCRI, KI, UVRI, UR, AIGHD	R	PU	18
3.3	Psychometrically validated screening tool	KI & UR, KEMRI, KCRI, KI, UVRI, UR, AIGHD	R	PU	30
3.4	Report on the pilot test of co-created micro-interventions	UR & KI, KEMRI, KCRI, KI, UVRI, AIGHD	R	PU	42
3.5	Proof-of-concept report on the implementation of the screening tool and the micro-interventions	UR & KI, KEMRI, KCRI, KI, UVRI, AIGHD			48

Milestone Number	Milestone name	Means of verification	Month of project when milestone will be attained
3.1	Data collection tools finalized and piloted	Data collection tools programmed; pilot data available in server;	15
3.2	Motivational factors versus barriers identified	Quantitative data manuscript submitted; qualitative data manuscript submitted; Psychometric validation manuscripts submitted	21
3.3	Screening tool co-created and validated	Screening tool available in user friendly format; Psychometric validation manuscript submitted	30
3.4	Micro-interventions co-created and piloted	Micro-interventions available in usable format; Micro-interventions pilot-tested and adapted in Rwandan intervention sites	30
3.5	Screening tool and micro-interventions evaluated	Screening tool and micro-interventions integrated in clinical care routine in the two Rwandan intervention sites; Proof-of-concept manuscript submitted	48

Main Objective

- To establish a proof-of-concept that offering minimal psychosocial support services ameliorates the quality PoC-VL testing care delivery and leads to improved user satisfaction, retention in care and adherence to antiretroviral medication

Specific Objectives

- To study the motivational factors and barriers for engaging in PoC-VL testing of the health professional, the child/adolescent, and the caregiver before, during (i.e. awaiting results) and after testing
- To develop and validate a youth-friendly and easy to use screening tool for the child/adolescent and the caregiver that is predictive of future issues with retention in care and drug adherence
- To develop and pilot micro-interventions that motivate and facilitate the health professional, the child/adolescent, and the caregiver to engage inPoC-VL testing
- To provide proof-of-concept evidence that using the screening tool and implementing the micro-interventions positively impacts on user satisfaction, retention in care and adherence to antiretroviral medication

WP3 partners and organisation

- Level A engagement (WP3 Implementation Group)
  - KEMRI: Frank (lead), ….
  - MRC: Yunia (lead), …
  - KCRI: Blandina/Marion (lead), ….
  - UR: Stefan (lead), Brenda, …
- Level B engagement (WP3 Advisory Group)
  - Partners per topic – to be decided later

Activities for WP3

Task 0: Preparation

- RW: Establish WP3 Implementation Group (LEVEL A) and WP3 Advisory Group (LEVEL B)
- LEVEL A (Obl): Hiring and identifying staff (+ data collection teams) at different sites
- LEVEL A (Opt/Obl) + LEVEL B (Opt): Identify and list standardized questionnaires to be adapted and used in formative phase, including stigma (for adolescents/children only?) + sample size calculations
- LEVEL A (Opt/Obl) + LEVEL B (Opt): Identify/Adapt/Create standardized tool to capture 'Best Existing Practices': look into successes and frustrations of the health professional-child/adolescent-caregiver interactions from a youth centred perspective
- LEVEL A (Opt/Obl) + LEVEL B (Opt): Finalize sit-in observations methodology, including creation of observation sheet
- LEVEL A (Opt/Obl) + LEVEL B (Opt): Finalize qualitative research methodology to study the psycho-social impact of coping with the care process, including stigma, using free listing interviews (Quinlan, 2017), experience sampling (Fazeli et al., 2017), semi-structured exit interviews, and FGD.
- RW: Create detailed data collection plan in collaboration with other WPs

Activities for WP3 cont'd

- Task 1: Formative Research Phase

- LEVEL A (Obl) + LEVEL B (Opt): Sit-in observations in 4 case sites (+ 4 control sites)
- LEVEL A (Obl) + LEVEL B (Opt): Running quantitative questionnaires in 4 case sites (+ 4 control sites)
- LEVEL A (Obl) + LEVEL B (Opt): Use tool to capture 'Best Existing Practicein 4 case sites (+ 4 control sites)
- LEVEL A (Obl) + LEVEL B (Opt): qualitative research in 4 case sites (+ 4 control sites)
- RW: Psychometric validation

Activities for WP3 cont'd

- Task 2a: Development of tool

- RW: Identify software developer
- RW: Develop draft tool
- RW + LEVEL A (Opt): Test the tool alongside 'baseline' quantitative questionnaires + power calculations + psychometrics in Rwanda sites + eventual adaptation
- LEVEL A (Obl) + LEVEL B (Opt): Share inputs on tool development throughout the process

- Task 2b: Development of micro-interventions

- LEVEL A (Obl) + LEVEL B (Opt): Based on 'Best existing practices', propose list of micro-interventions
- RW: Develop and fine-tune micro-interventions through action research
- LEVEL A (Obl): local adaptation + test feasibility of micro-interventions in four sites

Activities for WP3 cont'd

- Task 3: Test Proof-of-concept (integration in RCT in 4 intervention sites for final six months)

- LEVEL A (Obl): 'baseline 2' measurement in 4(+4) case sites (+ 4 control sites), using 'baseline quantitative questionnaires' and newly developed tool
- LEVEL A (Obl): Implement micro-interventions and use of newly developed tool for 6 final months of the project in 4 interventions sites, 1 per country
- LEVEL A (Obl): 'endline 2' measurement in in 4(+4) case sites (+ 4 control sites), using 'baseline quantitative questionnaires' and newly developed tool

(Ideal) WP3 clustered RCT design

Time	Task	Where	Rationale
Month 11 (before starting RCT)	Baseline measurement	4 intervention sites + 4 control sites	Allowing us to capture MHPS impact of introducing POC testing
Month 30 (before implementing psychosocial intervention)	Midline + PS baseline measurement	8 intervention sites + 4 control sites	Nested RCT, adding PS-intervention in 4 POC-intervention sites
Month 36 (after ending RCT)	Endline measurement	8 intervention sites + 4 control sites	1. Comparing POC baseline-endline; 2. Comparing PS baseline-endline

Design

Time/sites	sites		
T0	4 POC intervention sites		4 POC control sites
T1	4 POC intervention sites + adding PS intervention (PS intervention group)	4 POC intervention sites (PS control group)	4 POC control sites
T2	4 POC intervention sites + adding PS intervention (PS intervention group)	4 POC intervention sites (PS control group)	4 POC control sites

Planned publications

- Best practices in MHPSS support for children and adolescents living with HIV in East Africa
- Motivational factors, barriers and mental health and psychosocial needs for children and adolescents living with HIV in East Africa - quantitative and qualitative research findings
- Systematic review - Mental health and psychosocial needs for children and adolescents living with HIV in East Africa
- Developing and validating an interactive diagnostic tool for children and adolescents living with HIV in East Africa
- The mental health and psychosocial impact of using POC testing (compared to standard care) for children and adolescents living with HIV in East Africa
- Measuring the impact of using an interactive diagnostic tool and implementing micro-interventions for children and adolescents living with HIV in East Africa

Decisions

- Level A and Level B team members
- Level A and Level B level of engagement
- Integration data collection WP1,2&3
- Impact data collection design
  - What is possible
  - We can look for additional funding

Thank you!

Murakoze!

Asante sana!

Issues we are considering

- Our new Tool should predict/detect MHPSS issues arising, but also detect prediction of poor future adherence
- Micro-interventions should aim to assist in MHPSS support, but also aim directly to improve adherence

- WP 3 Objectives (alternative formulation):
  - 1. To measure impact of POC testing on MHPS and whether MHPS mediates in viral load suppression rates.
  - 2. To measure impact of PS intervention on MHPS outcomes and viral load suppression outcomes